

# Service Area Plan

## Department of Health

### Immunization Program (40502)

## Service Area Background Information

### Service Area Description

This service area has responsibility for the support and oversight of statewide immunization activities. Through a variety of activities, the service area strives to maintain and distribute an adequate and viable vaccine supply. The program also conducts quality assurance site visits, oversees the investigation of suspected cases of vaccine preventable disease and assesses immunization coverage statewide. These and other program activities are effective in protecting the health of all Virginians.

### Service Area Alignment to Mission

This service area directly aligns with the VDH mission of promoting and protecting the health of Virginians. The Immunization Program ensures that an adequate and viable inventory of vaccine is available to local health departments and private physicians participating in the Vaccines for Children (VFC) program. This is essential to protecting the public from the spread of communicable disease.

### Service Area Statutory Authority

- Section 32.1-46 authorizes the State Board of Health, the State Health Commissioner and the State Department of Health to administer this service area.
- Section 32.1-46 also provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.
- Section 23-7.5 requires full-time students enrolling in public institutions to be immunized against certain diseases in accordance with the recommendations of the American College Health Association.

### Service Area Customer Base

Customer(s)	Served	Potential
Birth Hospitals	71	71
Community Health Centers	93	93
Department of Education	1	1
Department of Medical Assistance Services	1	1
Laboratories	1	183
Legislators	140	140
Local health departments	119	119
Local Health Departments	119	119
Pediatricians & Family Physicians	1,800	3,500
Project Immunize Virginia Coalition	1	1
Virginia Health Quality Center	1	1

### Anticipated Changes In Service Area Customer Base

- Implementation of the immunization registry will expand customer base to include health plans, insurers, managed care organizations and emergency preparedness and response agencies and organizations.

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#### **Service Area Products and Services**

- Vaccine Supply:
  - Maintain and appropriately ship an inventory of viable vaccine to public and private health care providers statewide.
- Statewide Policy Development:
  - Develop and implement statewide policy on vaccine preventable diseases in accordance with the harmonized recommendations of the CDC Advisory Committee on Immunization Practices, the American Academy of Pediatrics and Academy of Family Physicians
- Grants Management and Resource Allocation:
  - Develop and manage annual federal grant and allocate resources to districts for support of immunization services.
  - Perform quarterly evaluation of program fiscal activity.
- Quality Assurance:
  - Conduct annual quality assurance reviews in all local health department sites to ensure compliance with State and Federal program guidelines.
  - Conduct quality assurance reviews in all Vaccines for Children Program (VFC) private provider sites to ensure compliance with State and Federal program guidelines
- Statewide Assessment and Program Evaluation:
  - Conduct annual assessment of the immunization records of kindergarten students to determine immunization coverage, medical and religious exemptions and school regulatory compliance.
  - Conduct annual assessment of day care and Head Start centers to determine immunization coverage and regulatory compliance.
  - Conduct quarterly assessment of the immunization coverage rates in health districts.
  - Conduct quarterly evaluation of program objectives.
- Adverse Event Reporting:
  - Manage the statewide vaccine adverse event reporting system.
- Immunization Registry:
  - Implement and manage the statewide immunization registry.
- Technical Assistance:
  - Provide vaccine preventable disease related technical assistance to public and private health care providers statewide.
  - Maintain the statewide Smallpox Emergency Response plan.
  - Provide technical guidance on Pandemic Influenza Preparedness planning and operations.
  - Provide guidance and support to local health department staff on investigation of suspected cases of vaccine preventable diseases.
  - Perform statewide oversight and provide guidance to district health department staff on the identification and follow-up of cases of perinatal hepatitis B.
- Education and Training:
  - Ensure availability of CDC and other vaccine preventable disease satellite training courses to public and private health care providers.
  - Develop and distribute patient and provider educational material.
  - Provide computer based assessment training for health department staff.
  - Support off-site, job related training for program staff.

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#### Factors Impacting Service Area Products and Services

- Increased rates of poverty and unemployment could result in a larger number of citizens presenting to health departments for immunization services.
- Insufficient vaccine supply or radically increased demand could cause delays in the on-time administration of vaccine causing more persons to unimmunized or incompletely immunized.
- Responding to acts of bioterrorism will reduce the number of staff available for the delivery of routine health department services. This could result in an increasing number of unimmunized or incompletely immunized children and adults.
- Failure of insurance companies to cover the cost of new vaccines or added doses of vaccine would cause some citizens to delay and/or defer immunizations.
- More comprehensive health care requirements and an increasing number of immigrants presenting to local health departments for vaccinations could rapidly deplete the vaccine budget and result in gaps in vaccine supply.
- Increased activities of anti vaccine groups and widespread distribution of anti vaccine material could result in decreased demand for vaccination services. This would result in an increased number of susceptible children and adults.
- Legislative changes at the federal or state level that have fiscal impact but no additional funding appropriation will adversely affect program operations and could reduce vaccine availability and access to vaccination services.

#### Anticipated Changes To Service Area Products and Services

- Increased focus on emergency preparedness
- Legislation passed during the 2006 session of the General Assembly requires one dose of Tdap (tetanus, diphtheria, acellular pertussis) to be administered prior to enrollment in the 6th grade. The budget amendment associated with this legislation was passed in the House and Senate.
- Legislation amending § 32.1-46 of the Code of Virginia was passed during the 2006 session of the General Assembly updating the Code in accordance with national recommendations. The supporting budget amendment was also approved.
- Greater need for services to be ethnically and linguistically diverse
- Addition of new vaccines (adolescent/adult tetanus, diphtheria and pertussis Tdap, meningococcal conjugate vaccine MCV4)
- Increased usage of more costly combination vaccines (measles, mumps, rubella and varicella (MMRV))

#### Service Area Financial Summary

The total budget for the service area has two funding streams consisting of general and non-general funds. Non-general funds are received in a federal, categorical, cooperative agreement from the Centers for Disease Control and Prevention.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
<b>Base Budget</b>	\$2,456,372	\$3,160,349	\$2,456,372	\$3,160,349
<b>Changes To Base</b>	\$22,386	\$921,415	\$280,110	\$941,877
<b>SERVICE AREA TOTAL</b>	<b>\$2,478,758</b>	<b>\$4,081,764</b>	<b>\$2,736,482</b>	<b>\$4,102,226</b>

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## Service Area Objectives, Measures, and Strategies

### Objective 40502.01

***Achieve and maintain maximum immunization coverage rates in Virginia's children and adults.***

The occurrence of most vaccine-preventable diseases in children is at or near record low levels. However, the organisms that cause these diseases have not disappeared. Rather, they have receded and will reemerge if the vaccination coverage drops. Continuing to improve immunization coverage and sustaining high coverage is critical to achieving on-going reductions in vaccine-preventable disease morbidity and mortality. Recommended immunizations for adults 65 years and older include a yearly immunization against influenza and a one-time immunization against pneumococcal disease. Most of the deaths and serious illness caused by influenza and pneumococcal disease occur in older adults and others at increased risk for complications of these diseases because of other risk factors. Coverage levels for influenza and pneumococcal immunizations in adults are not as high as the immunization coverage levels achieved in children. Therefore, on-going efforts to improve coverage levels in adults are needed if we are to reduce the morbidity and mortality associated with influenza and pneumococcal disease.

#### **This Objective Supports the Following Agency Goals:**

- Provide strong leadership and operational support for Virginia's public health system.  
( )
- Promote systems, policies and practices that facilitate improved health for all Virginians.  
( )

#### **This Objective Has The Following Measure(s):**

- **Measure 40502.01.01**

***Immunization coverage rates of children at 2 years of age.***

**Measure Type:** Outcome

**Measure Frequency:** Annually

**Measure Baseline:** 81% in 2004

**Measure Target:** 88% by end by FY07

**Measure Source and Calculation:**

Data are from the Centers for Disease Control and Prevention (CDC), National Immunization Survey (NIS). The NIS is a list assisted random-digit dialing survey that began collection of data in 1994. The target population in the NIS is children between the ages of 19-35 months. Data from the NIS produce timely estimates of vaccination coverage rates for each of six recommended vaccines for the nation, all 50 states and the District of Columbia. The official estimates of vaccination coverage rates from the NIS are rates of being up-to-date with respect to the number of doses of all recommended vaccines. These vaccines and their recommended doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTP), 4 doses; poliovirus vaccine (polio), 3 doses; measles-containing vaccine (MCV), 1 dose; Haemophilus influenzae type b vaccine (HIB), 3 doses; hepatitis B vaccine (Hep. B.), 3 doses; and varicella zoster vaccine, 1 dose. In addition to these vaccines, interest focuses on coverage rates for vaccine series, including the 4:3:1:3 series (4DTP, 3 Polio, 1 MCV, and 3 HIB). The NIS is conducted for the CDC by the National Opinion Research Center (NORC) at the University of Chicago.

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- **Measure 40502.01.02**

*Immunization coverage rates of children at school entry.*

**Measure Type:** Outcome

**Measure Frequency:** Annually

**Measure Baseline:** 93.5% in 2004

**Measure Target:** 95% by end of FY07

**Measure Source and Calculation:**

Data are from the VDH Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

**Objective 40502.01 Has the Following Strategies:**

- Improve the quality and quantity of vaccination delivery services.
  - Provide an adequate and viable vaccine supply to public and private providers.
  - Provide up-to-date Vaccination Information Statements to all providers.
  - Regularly update VDH policies to reflect the most recent recommendations of the CDC Advisory Committee on Immunization Practices (ACIP).
  - Conduct annual quality assurance site visits at all public and private health care provider sites.
  - Monitor and report all suspected adverse events to vaccination.
  - Target program resources to "Pockets of Need".
  - Implement an immunization registry in the public and private sectors.
- Minimize financial burdens to needy persons.
  - Increase private provider enrollment in the Vaccines for Children Program.
- Increase community participation, education and partnership.
  - Support the infrastructure needs of the Project Immunize Virginia statewide immunization coalition.
  - Regularly update division web site to include the most up-to-date information on vaccines, policies and regulations.
  - Continue partnerships with the Department of Medical Assistance Services (DMAS), the Department of Education and the Department of Social Services.
- Improve and expand monitoring of vaccination coverage.
  - Quarterly assessment of immunization coverage in health districts.
  - Annual assessment of immunization status of students at middle school entry (6th grade).
  - Annual assessment of immunization coverage in at least 25% or private provider sites enrolled in VFC.
  - Annual assessment of the immunization coverage at school entry, Head Start facilities and day care centers.
- Improve vaccine use.
  - Ensure availability of resources to support the provision of new vaccines and combination vaccines.

**Objective 40502.02**

*Improve influenza and pneumococcal coverage rates in persons 65+ years of age.*

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Historically the annual influenza and pneumococcal vaccination coverage rates in persons 65+ years of age has been below 70 percent. The risks of complications and hospitalizations from influenza and pneumococcal disease are higher among persons in this age group and nursing home attack rates may be as high as 60 percent, with fatality rates as high as 30 percent. Increasing the number of persons 65 and older who receive an annual influenza vaccination and at least one pneumococcal vaccination will reduce morbidity and mortality and medical costs associated with these diseases and improve the quality of life for older Virginians.

#### **This Objective Supports the Following Agency Goals:**

- Prevent and control the transmission of communicable diseases.

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#### **This Objective Has The Following Measure(s):**

- **Measure 40502.02.01**

*Influenza vaccination coverage rates in persons 65+ years of age.*

**Measure Type:** Outcome

**Measure Frequency:** Annually

**Measure Baseline:** 68.6% in 2003

**Measure Target:** 80% by end of FY07

**Measure Source and Calculation:**

Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. In Virginia, the data are collected and analyzed by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

- **Measure 40502.02.02**

*Pneumococcal vaccination coverage rates in persons 65+ years of age.*

**Measure Type:** Outcome

**Measure Frequency:** Annually

**Measure Baseline:** 61.6% in 2003

**Measure Target:** 70% by end of FY07

**Measure Source and Calculation:**

Data are from the BRFSS conducted by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are determined by calculating the number and percentage of persons 65+ years of age surveyed who have received at least one dose of pneumococcal vaccine.

#### **Objective 40502.02 Has the Following Strategies:**

- Improve the quality and quantity of vaccination delivery services.
  - Maintain an adequate and viable supply of vaccine.
  - Maintain current vaccine procurement contracts.
  - Maintain current vaccine distribution contract.
  - Develop a vaccine prioritization plan for implementation during periods of vaccine shortages.
  - Provide up-to-date Vaccine Information Statements to all providers.
  - On-going education of providers on the need to increase vaccine coverage, persons to be vaccinated and appropriate use of available vaccines.
  - On-going support for Standing Order policies.

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- Minimize financial burdens for needy persons.
  - Educate providers on Medicare reimbursement and encourage roster billing in mass clinic settings.
- Increase community participation, education and partnership.
  - Support the Project Immunize Virginia annual flu and pneumococcal campaigns.
  - Partner with the American Lung Association of Virginia in the annual flu and pneumococcal statewide media campaign.
  - Partner with the Virginia Health Quality Center on the annual influenza and pneumococcal educationl campaigns directed at hospitals and nursing homes.
  - Develop annual VDH press release at the beginning of flu season.
  - Partner with the Virginia Pharmacy Association in educating pharmacists statewide on issues regarding influenza and pneumococcal vaccines.